

DUE DATE

U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

**UT-4100** 

FEBRUARY 12, 1998

## **1997 ECONOMIC CENSUS** TRANSIT AND GROUND PASSENGER TRANSPORTATION

OMB No. 0607-0834: Approval Expires 12/31/99

UT-4100

BUREAU OF THE CENSUS 1201 East 10th Street Jeffersonville, IN 47134-0001

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

Toll-free assistance, 8:00 a.m. to

	0 p.m., eastern time, Monday ough Friday:											
	1–800–233–6136											
Please read the accompanying instructions before answering the questions.												
	Census use											
			/DI		and TIP Code							
	VOLID DESDONSE IS DECLID	ED BY LAW T		ect any errors in name, address, and ZIP Code.)								
	this questionnaire to answer the	e questions and seen only by Cer	return the report to nsus Bureau emplo	tes Code, requires businesses and other organizations that receive to the Census Bureau. By the same law, <b>YOUR CENSUS REPORT</b> oyees and may be used only for statistical purposes. Further, copies								
	If this questionnaire does not se should fulfill your reporting requ	em to apply to y uirements and w	our business, comp ill reduce follow-up	olete it to tl correspon	he extent possible and explain in REMAndence.	RKS sec	tion – th	nis				
Is 1	m 1. EMPLOYER IDENTIFICATION  the Employer Identification Number the same as the one used for	ımber (EIN) sho	own in the	HOW TO REPORT DOLLAR	Example: If a figure	Mil- lions (000)	Thou- sands (000)	Dol- lars (000)				
lat	est 1997 Employer's Quarterly easury Form 941?			FIGURES	report • Preferred	1	126					
110	· · ·		h = 1 =		Acceptable		125	629 Dol.				
	094 1  Yes 2  No − <i>Re</i>	port current EIN	Delow	Item 4.	DOLLAR VOLUME OF BUSINESS	Mil.	Thou.	DOI.				
	(9 dig	its)					i					
	m 2. PHYSICAL LOCATION			Operating revenue in 1997								
a.	Is this establishment's physic the address shown in the lab	eal location the el? (P.O. box and	same as d rural route	ltem 5.	PAYROLL	Mil.	Thou.	Dol.				
	addresses are not physical locati			Payroll i	in 1997, BEFORE DEDUCTIONS	000	] ]					
093 1 ☐ Yes 2 ☐ No – Report physical location below					al							
Number and street						031						
	City, town, village, etc.	State	ZIP Code		quarter (January–March)		Numbe	r				
L	la this satablishment ubusisa	U. I. a a da al imai	de the level	Item 6.	EMPLOYMENT	032	Number					
D.	Is this establishment physica boundaries of the city, town,		de the legal	Number	of paid employees for pay							
	095 1 Yes 2 No 3	No legal 4 boundaries	Do not know	period including March 12, 1997 (Include both full- and part-time employees)								
c.	In what type of municipality	is this establisl	hment	Item 7.	LEGAL FORM OF ORGANIZATION							
	physically located?			Which o	of the following best describes this ${\sf rm}$ of organization during 1997? ${\it M}$	establis	shment	's				
	1 ☐ City, village, or borou 2 ☐ Town or township	ıgh		box.	in or organization during 1997: Wh	11K (X) 0	my ONE	-				
	3 Other – Specify			003 1	Individual owner (sole proprietorsh	in)						
	4 Do not know				Partnership	Ρ1						
d.	In what county (e.g., Dade Cou	nty) is this esta	blishment	5 Governmental – Specify								
	physically located?	,		0 Corporation								
					Subchapter "S" corporation							
				9	Other - Specify							

Number of months

Figures only

Month Year

ZIP Code

CONTINUE WITH ITEM 8 ON PAGE 2

Number and street

City

Item 3. OPERATIONAL STATUS

1 In operation

Name of new owner or operator

a. How many months during 1997 was this establishment actively operated?

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

Note: Complete the remainder of this report (for the period operated) even if the establishment ceased operation during 1997.

2 Temporarily or seasonally inactive

3 Ceased operation - Give date at right

4 Sold or leased to another operator – Give date at right AND enter name, etc., below

State

lte	m 8. KIND OF BUSINESS OR ACTIVITY	Item 9. SOURCES OF REVENUE										
	nat was this establishment's PRINCIPAL nd of business or activity in 1997?			structions below be		•	0					
	ark (X) only ONE box.		dollar figure:	ces of revenue for a s or as whole perc e HOW TO REPORT :	ents of	ftotal	operati	na	S			
Ur	ban transit systems		and HOW TO	REPORT PERCENTS	below)	117100	/120 OII	Jage 1				
٠.	Mixed mode (including combination	0		If figure is <b>38.76</b> %	of	NAH	Thou.	l Dol	Per-			
	bus, subway, trolley, etc.)	4111011	HOW TO REPORT	total sales:		IVIII.	11100.	1	cent			
	Commuter rail	4111021	PERCENTS	• Report whole per Not acceptable —	rcents			<b>—</b>	<b>39</b> 38.76			
	Bus and motor vehicle	4111031	Sources of revenue		Cen-	ESTIN Repo	/IATES a	TES are acceptable.				
	Other transit – Describe	4111091			sus	Mil.	Thou.	Dol.	Per- cent			
	Other transit - Describe	4111031	1. Transit pas	700	701			702				
			a. Commuter rail service		1000		 					
Int	terurban and rural bus lines  Bus carrier	4131001	<b>b.</b> Bus and vehicle s	1010								
			<b>c.</b> Subway service	or light rail	1020							
Ch	aarter bus service		d Other pe	assenger service								
	Local	4141001	(includir trolley o	1030		i i						
	Interstate/interurban	4142001	2. Interurban	and rural bus								
Sc	enic and sightseeing transportation		service	and rarai bus	1040		, 					
	Sightseeing bus	4119101	3. Charter bus	s service								
	Horse drawn cab or carriage, for hire	4789093	a. Local		1050							
	Aerial tramway (scenic or sightseeing) and cable lift	7999951	<b>b.</b> Interstat	e/interurban	1060							
			<b>4.</b> School bus	service								
	Scenic railroad	7999931										
Other passenger transportation			a. For publ	lic schools	1070		 					
	School bus service	4151001	<b>b.</b> For priva	ate and al schools	1080		 					
	Employee bus service	4119911	5. Scenic and transportat									
	Taxicab service	4121001	<b>a.</b> Sightsee	eing bus	1090		 					
	Scheduled airport shuttle service	4111041	<b>b.</b> Horse dr carriage	rawn cab or	1100							
	Limousine or auto rental WITH driver (except scheduled airport shuttle											
	service)	<u></u> 4119201	<b>c.</b> Aerial tra sightsee	1110								
	Special needs transportation (including paratransit, senior citizen, non-emergency medical, handicapped, etc.)	4119921	<b>d.</b> Scenic ra	ailroad	1120							
	Ambulance or rescue service	L 4113321					 					
	(except by air)	4119301	<b>6.</b> Employee I	bus service	1130							
	Other passenger transportation –		<b>7.</b> Taxicab sei	rvice (include								
	Describe	4119991	revenue fro leasing tax drivers for	1140								
Other arrangement of passenger transportation NOT operated by a transportation company			8. Rent or lead	se of taxicabs to	1150		 					
	Travel agency	4724002	9 Scheduled	airport shuttle			i i					
	Tour operator	4725001	service		1160							
-	hou tuonon optotion voltatelle et de		10. Limousine WITH drive	1170								
Ut	her transportation-related activities	7777777	<b>11.</b> Special needs transportation									
	Motor freight carrier – Describe		service (inc paratransit,									
			handicappe	ency medical, ed, etc.)	1180							
	Terminal or maintenance facility (except those for exclusive use of											
	company-operated vehicles)	<u>4173001</u>	<b>12.</b> Ambulance or rescue service (except by air)		1190							
	her kind of business or activity –		10.00									
De	scribe	L 7777777	13. Other pass transportat		1200							
				ITEM 9 CONTIN	NUED C	N PAG	E 3					

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Form UT-4100

If not shown, please e from the address labe	nter your 11-dig I on page 1	it Cens	us File	Numb	er		Census File Numb	oer						
Item 9. SOURCES OF F	REVENUE – Contin	ued				It	tem 11. OWNERS	SHIP, CONTR	OL, AND	LOCATIO	NS OF	OPERA	TION –	
Sources of revenue sus		ESTIMATES are acceptable. Cen- Report dollars OR percents.					d. How many establishments operated under Number							
			Thou.	T	Per-	in item 1) AT THE END of 1997?								
14. Repair and maintend vehicles NOT owned your company		     			If more than one, provide the <b>physical location</b> address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.									
<b>15.</b> Freight, baggage, ar handling	nd mail		 			┢	Name	cceptable if	book figu	1997	not ava Mil.	Thou.	Dol.	
<b>16.</b> Advertising	1230						Number and stree	et		Revenue	081			
17. Sales of merchandis	se			1		1	City	State ZII	P Code	Annual payroll	082			
a. Fuels and lubrica	nts <b>3100</b>		 	i !		1	Kind-of-business	description		Paid period	emplo l includ	yees for ding Mar	pay ch 12	
						1	Time of Buomood	accompaint		083				
<b>b.</b> Food and bevera	ges <b>3150</b>			-		1				Census use	088			
<b>c.</b> Sales of other merchandise	3750		   				Name			1997	Mil. 081	Thou.	Dol.	
<b>18.</b> All other operating	3730					1	Number and stree	et		Revenue		<u> </u>		
revenue – <i>Describe</i>			   				City	State ZII	P Code	Annual payroll	082	i I		
				!		2	Kind-of-business	description		Paid period	emplo I includ	yees for ding Mar	pay ch 12	
19. TOTAL (Should equ	9810 ual item 4		 			1				083				
if reporting	in dollars) 9990			l	100%	ł				Census use	088			
Inventories of revenu	Number of vehicles			icles	T	Name			1997	Mil. 081	Thou.	Dol.		
equipment – Decem	Owne		ased (2)	Total (3)	1	Number and stree	et		Revenue	082	<u>i</u>			
a. Vans	811 821		801	3	City	State ZII	P Code	Annual						
<b>b.</b> Small buses (less tha	812	822		802		Kind-of-business	description		period 083	l includ	yees for ding Mar	ch 12		
813 8					803	1					200			
	c.         Large buses (35 seats or more)           814         824           804						Census <sup>088</sup> use							
d. Taxicabs		815	825		805	┨ R	REMARKS – Please essent	use this spa ial in unders	ce for any tanding y	y explana our repo	ations rted da	that may ata.	/ be	
e. Limousines f. Other – Describe		816	826		806	1								
					l									
Item 11. OWNERSHIP	CONTROL AND I	OCATIO	ONS OF	OPER	ATION	ł								
						l								
	a. Is the FIRST DIGIT of your Census File Number (CFN) (shown in the address label immediately after CFN) a zero?													
1														
b. Is this company owned or	Enter name, add	ress, and	d EIN of	f the		1								
controlled by another company?						l								
097 1 ☐ Yes —→						l								
2 🗆 No								CATION – Thi	s report i	is substa	ntially	accurate	)	
	EIN (9 digits)						and has	been prepare	ed in acco	ear TO:	with in Mo	struction	ns. Year	
	c. Does this company own or control any owned or controlled company						this report	1	ling this r		Print o	type		
other company or companies?	Title													
098 1 ☐ Yes → 2 ☐ No								Area code	Number		ı	Extensio	n	
2 ∟ No						L	elephone		Tauribei	•	Date			
EIN (9 digits)							Signature of authorized person Date							

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